APPLICATION FOR UNITED STATES PATENT **Declaration and Power of Attorney**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	described and claimed in the spec	ification:						
	Check one							
	*a. A attached heret							
	b. ☐ filed on		as Application So	erial No.		and amended on		
	I hereby state that I have a amended by any amendment refer I acknowledge the duty to accordance with Title 37, Code following foreign application(s) for the state of the sta	red to above. disclose infor of Federal R	mation of which I egulations, § I .5	am aware which i	s material to 35, U.S. Co	o the examination ode § 119, the p	of this application	
Japanese Patent Application No. 2002-292242 filed October 4, 2002								
	The following applications States of America either (a) mo priority application(s):	-						
	If there are no corresponding app insert "NONE".	lications,	NON	ΙE				
	I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute the application and to transact all business in the Patent Office:							
	James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg: No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450. ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF BERRIDGE, PLC P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.							
	I hereby declare that I have own knowledge are true and the statements were made with the kr both, under Section 1001 of Title application or any patent issued the	at all statement owledge that 18 of the Un	ents made on info	rmation and believe the same the like to the same the like to the like the same the like the	ef are belie so made are	eved to be true; a punishable by fin	and further that the	
	Typewritten Full Name of Sole or First Inventor	Nobuhii Given Nam		Middle Initia	<u> </u>	ASA Family	DAName	
	Inventor's Signature →	Nobr		rda				
	Date of Signature →	Sup	tember // Month	, 2003	Day		Year	
	Moriaus	hi-shi	Osaka			JAPAN		
	Residence IVII II II II II II	TII OTTI	<u></u>			<u> </u>		
	Residence Moriguo City		State or Pro	vince		Country		

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 🔯

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

3	Typewritten Full Name of	Mitsuru		NAGANAWA				
	Second Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
*4	Inventor's Signature →	Mitsuru	Naganawa					
*5	Date of Signature -	September	12, 2003					
J	Date of Signature	Month	Day	Year				
*6	Residence Moriguchi-shi	Osaka	,	JAPAN				
	City	State or Province		Country				
*7	Citizenship Japanese							
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	(Insert complete mailing address, including country)		Moriguchi-shi, Osaka 570-8677, JAPAN					
	duaress, mending country)	iviorigaerii erii,	<u> </u>	7, OAI AIV				
3	Typewritten Full Name of	Masafumi		NISHINO				
	Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
*4	Inventor's Signature →	Masatumi	Nishino					
*5	Date of Signature →	September	12, 2003					
		Month	Day	Year	·			
* 6	Residence Moriguchi-shi	Osaka		JAPAN				
	City	State or P	Province	Country				
*7	Citizenship <u>Japanese</u>							
8	Post Office Address (Insert complete mailing	c/o Sanyo Electric Co., Ltd., 5-5, Keihanhondori 2-chome,						
	address, including country)	Moriguchi-shi,	Osaka 570-867	7, JAPAN				
2	The state of the s							
3	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
	Touring John Inventor (If any)	Given Name	wilddic Illidai	rainity Name				
*4	Inventor's Signature →							
*5	Date of Signature →							
		Month	Day	Year				
*6	Residence	State or Province						
	City			Country				
*7	Citizenship							
8	Post Office Address (Insert complete mailing							
	address, including country)							
•	T							
3	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name				
	Thin John Hivemor (If any)	Orven Name	whate initial	Family Name				
*4	Inventor's Signature →							
À	•							
*5	Date of Signature →	Month	Day	Year				
*6	Residence	1-101101	Duy	rom				
J	City	State or Province		Country				
*7	Citizenship							
8	Post Office Address							
	(Insert complete mailing address, including country)		***					
	address, including country)							

^{*}Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.